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Name of Applicant

**HAWAII EMERGENCY LOAN PROGRAM (HELP) - Application Checklist**

1. HELP Application (form attached) ☐
2. Copies of Articles of Incorporation, By-Laws, & minutes of board of directors meeting ☐
3. Copy of current financial statements and copy of income tax returns (3 years) ☐
4. Income statements reflecting at least a 15% decline in revenues after 9/11/01. ☐
5. Personal financial statements (form attached) and income tax returns (3 years) of all principals of the business ☐
6. Background of existing or new business to include but not limited to: history of business, description of product or service, market, suppliers, channels of distribution, marketing mix, competition, and future outlook ☐
7. History of management. Personal resume on all principals of the firm (include educational background and all prior work experience) ☐
8. List of insurance coverage now maintained or to be obtained upon loan approval ☐
9. Tax clearance from State of Hawaii (form attached) ☐  
DOTAX Website (forms & information): <http://www.state.hi.us/tax/misc.htm>  
DOTAX forms by mail/fax: (808) 587-7572  
1-800-222-7572 (toll-free)
10. List of guarantors--attach copy of current financial statements for all guarantors ☐
11. Signature required on all exhibits submitted ☐

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Signature of Applicant



DEPARTMENT OF BUSINESS, ECONOMIC  
DEVELOPMENT, AND TOURISM

P.O. BOX 2359 - HONOLULU, HI 96804

HAWAII EMERGENCY LOAN PROGRAM

APPLICATION

Applicant: Show official name without abbreviations unless an abbreviation is a part of the official name. For proprietor or partnership, show name(s) followed by dba and trade name used, if any.

Name		Street		
City	State	Zip Code	Phone No.	Employer's ID No.
Date Established	Amt. of Loan Requested		Type: Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/>	No. of employees (including subsidiaries & affiliates) At time of application: _____ If loan is approved: _____
Nature of Business	<input type="checkbox"/> Existing Business		Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>	
	<input type="checkbox"/> New Business		Franchise: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Purpose: (I.e., purchase inventory, working capital, etc.)				Amount
				\$
Total (this should agree with amount of loan requested)				\$

Information to be furnished as to the proprietor or each partner or each officer, director & holder of 20% or more of applicant's stock.

First, middle, maiden & last name in full (if no middle name, list NMN)	U.S. Citizen	% Ownership	Office Held	Annual Com- pensation	Net Worth Outside of Applicant*	Social Security No.

\*Please provide the following for each individual listed above:  
A signed and dated personal balance sheets. If applicant is a proprietorship or partnership, and the proprietor or partners own assets that are not included in the applicant's balance sheet, the proprietor or partners must submit signed personal balance sheets which coincide with net worth shown above.

Assignment of life insurance policy on owner(s) or principal(s) will be required ONLY when specifically included as a condition of an approved loan (attach separate sheet giving details).

BALANCE SHEET AS OF \_\_\_\_\_, FISCAL YEAR ENDS \_\_\_\_\_ (Balance sheet must be dated within 60 days of the filing of this application. Omit \$.00)  
(Include balance sheets of affiliates or subsidiaries, if any.)

Assets			Liabilities	
Cash on hand and in banks	\$		Notes payable for merchandise	\$
Notes receivable			Notes payable to banks	
Accounts receivable	\$		Notes to officers, director & stockholders	
Less reserve for doubtful accts.			Notes to others	
Inventories (how valued)			Accts payable for merchandise	
Finished	\$		Accts due officers or stockholders	
Stock on process			Income taxes	
Raw material			Other accruals	
Other current assets			Other current liabilities	
Total current assets	\$		Total current liabilities	
Due from affiliates or subsidiaries			Mortgage debts	
Due from officers, directors & stockholders			Other liabilities	
Life ins. (not G.I.), cash surrender value			Total liabilities	
Land				
Buildings	\$			
Machinery & equipment				
Business furniture & fixtures				
Auto & trucks				
Less reserve for depreciation				
Other assets				
Total assets	\$			

CONDENSED COMPARATIVE STATEMENTS OF SALES, PROFIT OR LOSS, ETC. Attach detailed profit and loss statements. (Your income tax returns should be of help to you in giving this information.) If new venture, attach detailed projection for first and second years.

If a corporation, use this block.	20____	20____	Current Year - To Date
Net sales (gross sales less returns & allowances)	\$	\$	\$
Primary activity			
Secondary activity			
Depreciation			
Income taxes			
Compensation of officers (included in expenses)			
Net profit (after depreciation & income taxes)			
Dividends paid			

DISCLOSURE OF SPECIAL INFORMATION REGARDING PRNICIPALS: List on a separate sheet the names of any State employees or State advisory board members who are related by blood, marriage, or adoption to, or who have any presnet or have had any past, direct, or indirect financial interest in or in association with the applicant or any of its partners, officers, directors or principal stockholders (such interest to include any direct or indirect financial interest in any other business entity or enterprise). Detailed information should be submitted with this application.

If none, check here: ☐

All information contained above and in exhibits attached hereto are true and complete to the best knowledge and belief of the applicant and are submitted for the purpose of inducing State to grant a loan to applicant. The applicant hereby grant permission for verification to be made of any statements presented in this application and authorize the State to obtain such further information as may be required. Whether or not the loan herein applied for is approved, applicant agrees to pay or reimburse State for the cost of any surveys, title or mortgage examination, appraisals, etc., performed by non-State personnel with consent of applicant. The applicant further agrees to provide the State with additional information and/or documents as requested.

\_\_\_\_\_  
(Individual, general partner, trade name or corporation)

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



DEPARTMENT OF BUSINESS, ECONOMIC  
DEVELOPMENT, AND TOURISM  
P.O. BOX 2359 - HONOLULU, HI 96804  
PERSONAL FINANCIAL STATEMENT

Social Security No.:	Name & address of applicant, including zip code:
Business (of person submitting statement):	

Pesonal financial statement as of: \_\_\_\_\_, 20\_\_\_\_  
(Please answer all questions using "No" or "None" where necessary.)

**Note:** If you wish to apply for credit in your name only in this financial statement, include only assets, liabilities, and income owned by yourself.

ASSETS	OMIT CENTS	LIABILITIES	OMIT CENTS
Cash in Bank - Checking		Notes Payable	
Cash in Bank - Savings		Secured	
		Unsecured	
Accounts & Notes Receivable		Notes Payable Other (itemize on reverse)	
U.S. Government Bonds		Accounts Payable	
Investment in Own Business		Charge Accounts	
Other Stocks & Bonds (itemize on reverse)		Other	
CSVLI (itemize on reverse)		Unpaid Taxes	
Residence (itemize on reverse)		Real Estate Mtgs. Payable	
Other Real Estate (itemize on reverse)		Other (detail)	
Automobiles - Make & Year			
		IL Accts - Auto (itemize on reverse)	
Title in name of:		IL Accts - Other (itemize on reverse)	
		Loans on Life Insurance	
Other Personal Property & Furniture		Other Liabilities	
Other Assets			
		TOTAL LIABILITIES	
		NET WORTH (assets less liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

CONTINGENT LIABILITY: As endorser/guarantor \$ \_\_\_\_\_  
On letters of credit \$ \_\_\_\_\_  
Legal claims & judgments (explain) \$ \_\_\_\_\_

MONTHLY INCOME <small>(Incl. Income fr. Alimony, child support, etc. is optional)</small>	OMIT CENTS	MONTHLY PAYMENTS	OMIT CENTS
Applicant's Gross Salary		Rent or Mortgage	
Overtime (constant & regly. recurring)		Note Payments	
Bonus or Commissions		Charge Accounts	
Dividends & Investments		IL Loan--Auto	
Interest		IL Loan--Other	
Rents		Loans on Life Insurance	
Other (explain)		Federal & State Income Taxes	
		Insurance Premiums	
SUBTOTAL--APPLICANT		Alimony, Child Support, etc.	
Co-applicant's Gross Salary (optional)		Other Fixed Monthly Payments	
Other (explain)			
SUBTOTAL--CO-APPLICANT			
TOTAL INCOME		TOTAL PAYMENTS	

STOCKS AND BONDS (Listed and Unlisted)

All securities listed are mine solely and are in my possession, except as shown hereon.

Name of Issuing Corporation and Type of Security	# of Shares (if Stock) Face Value (if Bond)	Market Value or Book Value	Registered in Name of (Be sure to show all other names that stock is registered in)

REAL ESTATE

Title to all real estate listed is in my name solely and unencumbered, except as shown hereon.

Location & Description	Title Held in Name of (show all names that title is held in & type of tenancy)	Date Acquired	Original Purchase Price	Actual Market Value	Balance of Mortgages	To Whom Payable

LIFE INSURANCE

Company	Face Amount of Policy	Cash Surrender Value	Loans Against Policy	Beneficiary	To Whom Policy is Assigned

NOTES PAYABLE TO BANKS AND OTHERS

Name & Address of Holder of Note	Amount of Loan		Terms of Repayment	Maturity of Loan	Describe Assets Pledged
	Orig. Bal.	Present Bal.			

Please Answer Fully:GENERAL INFORMATION

Are any of the assets listed in this statement pledged? \_\_\_\_\_Details: \_\_\_\_\_

Are you a partner in a hui, joint venture or partnership? \_\_\_\_\_List: \_\_\_\_\_

Are all Federal, State income taxes, real estate taxes, gross income, withholding taxes paid? \_\_\_\_\_

Detail those not paid & give amts due: \_\_\_\_\_

Are you a defendant in any legal action? \_\_\_\_\_

Have you ever filed personal bankruptcy? \_\_\_\_\_Explain: \_\_\_\_\_

References where other credit has been obtained: \_\_\_\_\_

Personal references: \_\_\_\_\_

The foregoing is submitted for the purpose of procuring, establishing, and maintaining credit with you in behalf of the undersigned or persons, firms, or corporations in whose behalf the undersigned may, either severally or jointly with others, execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. The undersigned further warrants that ownership of any assets listed herein will not be transferred, either into joint tenancy or otherwise, to another person while amounts are still owing to the State.

In addition to the foregoing, I authorize the State to make any inquiries about my finances, income, employment, credit and personal references they feel are necessary from time to time.

Signature

Signature